



**CERTIFICATION OF
COMPLETION
LANDSCAPE
INSTALLATION
P-25(B)**

Development Services

Planning Department

1635 Faraday Avenue

(760) 602-4610

www.carlsbadca.gov

Project Name:_____

Permit Address:_____

Permit Number:_____

Drawing Number:_____

I certify that I have inspected the planting and irrigation system and that all landscape work has been installed and completed per the City of Carlsbad's approved plans and specifications.

Project Landscape Architect

Date

Landscape Architect's License Number and Expiration Date:_____

Landscape Architect's Firm Name:_____

Phone number: _____

Following receipt of this Certification of Completion by the City, a final review of the installation will be performed by the City. Fax the certification letter to: **760-602-8559**

Call the Landscape Inspection Request Phone Line at **760-602-4602** to schedule the inspection.

Inspection Contact Name:_____

Phone Number:_____

Contactor Firm Name:_____